

Preventive Health and Health Services Block Grant

Indiana

Healthcare to Your Door

"What we are providing here in Crawfordsville can become a model of care for the rest of the country," Crawfordsville Fire Department Chief Paul Miller said. "To-date, the program has seen a 98 percent reduction in patient ER and hospital visits. In addition, we have seen a reduction in the number of ambulance runs for non-life-threatening issues, which in turn can decrease costs to tax payers."

Ann Alley, Chronic Disease, Primary Care, and Rural Health Division Director
Indiana Department of Health

Public Health Problem (Issue)

Indiana hospitals have recognized a loss of revenue due to cardiovascular patients returning for treatment within 30 days of discharge. This sometimes unnecessary readmission is bad for patients and costly for the hospital. Patients released to home often don't understand or retain discharge instructions that will aid their recovery and the hospital has not historically provided one-on-one support after a patient is released to home.

Taking Action (Intervention)

The Indiana Division of Chronic Disease, Primary Care and Rural Health has been gathering information about how communities are using non-traditional partners such as fire departments and ambulance services to provide in-home support services for recently discharged patients who were hospitalized for chronic diseases, particularly heart disease. The Division wished to expand its inquiry to gauge the interest of others regarding community paramedicine and worked with the Crawfordsville Fire Department, Wabash College, St. Elizabeth's Rural Hospital, and the Franciscan Accountable Care Organization to hold a community paramedicine summit to accommodate peer learning and project future actions.

Impact

More than 85 stakeholders in community health throughout Indiana participated in the summit conversation. Participants came from communities that were serving as trailblazers in community paramedicine program development. Others were exposed for the first time to paramedicine as a practice to improve community health. Participants mapped a path forward for data collection, funding, community needs assessment, education/training, community partnerships, and community outreach.

Footnotes

N/A

Success Story Author Contact:

Ann Alley, Director, Chronic Disease, Primary Care, and Rural Health Division, aalley@isdh.in.gov, 317-233-7541

Block Grant Coordinator Information:

Indiana State Department of Health

Katherine Hokanson, PHHS Block Grant Coordinator
2 N. Meridian Street
Indianapolis, IN 46204

Phone: 317-234-2865
E-mail: khokanson@isdh.in.gov
Web site: www.in.gov/isdh

Healthy People Objective

Cardiovascular Health

PHHS Block Grant Funding

75-99% - Primary source of funding

PHHS Block Grant Coordinator

Indiana State Department of Health

2 N. Meridian Street
Indianapolis, IN 46204
Phone: 317-234-2865
Web: www.in.gov/isdh

For more information on the

PHHS Block Grant, go to

www.cdc.gov/phhsblockgrant

For more information on

Healthy People, go to www.healthypeople.gov

PHHS Block Grant Supports

Indiana Healthy People Priorities

The PHHS Block Grant provides flexible funding that states can use to prevent and control chronic diseases, respond quickly to outbreaks of infections and waterborne diseases, and address their specific public health needs. States can align their programs with health objectives from [Healthy People](#).

Indiana uses its funds to address 14 health objective priorities, including

- Cardiovascular Health.
- Community Water Fluoridation.
- Accredited Public Health Agencies.
- Public Health Agency Quality Improvement Program.
- Health Improvement Plans.

For a complete list of funded health objectives, go to

<http://www.cdc.gov/phhsblockgrant/stateHPprior.htm>.